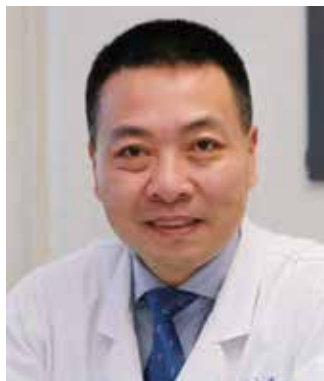


As the Associate Editor of this book, I am honored to write this preface as I believe this book can bring novel opinions and inspiration to our readers.

Bladder cancer (BC) is the 9th most common tumor in the world, and it ranks 13th in terms of yearly mortality from cancer, which undoubtedly is a huge social and economic burden. Although there are various treatments that have been recommended for BC, a considerable portion of patients still suffer recurrence and progression of BC, a fact which seems to linger over them like a black cloud.

In recent years, advances in precision medicine have promoted developments in the diagnosis, staging and treatment of BC. For example, TNM stage are often insufficient in accurately predicting which patients can get benefits from platinum-based neoadjuvant chemoradiotherapy, adjuvant chemoradiotherapy, targeted therapy or immunotherapy. Meanwhile, the kinds of patients with muscle-invasive BC who can be treated by bladder preservation therapy is undefined because of insufficient clinicopathologic parameters. Recent progress in the molecular understanding of BC has improved the biomarkers for clinical response which are ultimately helpful in informing the appropriate selection of therapy for each patient, providing new insights of clinical trials to clinical researchers, and designing optimal therapeutic regimens. For surgical techniques, da Vinci robot-assisted radical cystectomy, a more advanced laparoscopic-assisted surgery, more simply and practically preserves nerve and urination function during radical cystectomy by means of a 3D-visualization system, flexible robot arms and a stable camera system. Consequently, a discussion of these advances in diagnosis and treatment can be beneficial to urologists.

Owing to more characteristics of BC being identified by molecular and clinical studies of the disease, precision medicine promises more efficacy and fewer side effects in the treatment of BC. Along with the development of surgical techniques, urologists can more accurately conduct BC resection, and simultaneously preserve organ function as much as possible. As the medical conceptions concerning this cancer evolve, it is believed that more progress will be achieved in its diagnosis, treatment and clinical nursing intervention, which will inevitably improve the quality of life in BC patients. Given the insights and the potential benefits herein, I believe this is a worthy book, and can be a valuable resource for our readers.



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